Regional Partnership Psychiatric Hospitals Group March 26, 2003

In Attendance:

Lynn DeLacy, NVMHI Jim Thur, Fairfax-Falls Church CSB Bob Lassiter, Loudoun County CSB Tom Geib, Prince William CSB Mary Anne Beall, MH Consumers Association George Barker, Health Systems Agency of No. VA Mark Diorio, NVTC Chair of Regional MR/MI Work Group Roger Birabin, Loudoun County CSB John Morrow, Fairfax-Falls Church CSB Dave Carlini, Prince William Hospital H. Patrick Walters, INOVA Health System Colleen Cohen, INOVA Kitty Harold, Virginia Hospital Center Wendy Atkinson, Potomac Hospital Sandy Burns, Potomac Hospital L. Jean Reynolds, NVCH

Jim Thur and Lynn DeLacy gave a brief background on the Regional Partnership Planning Process and distributed several relevant handouts. Mr. Thur indicated that the decision had been made by the Regional Partnership Steering Committee to initially focus on issues relating to mental health services for adults since this is an area that requires immediate attention, particularly in respect to inpatient psychiatric care. The need to develop projections and planning for the 2005 - 2010 time period was discussed along with the purpose of the meeting with the representatives of the private psychiatric hospitals.

There was a great deal of discussion about the characteristics of the adults with mental illness in the region who may need psychiatric hospitalization and the ability of the private psychiatric hospitals to accommodate some of the more challenging of these based on size of the unit, physical layout of the psychiatric unit, and expertise of staff. There was interest expressed by the private psychiatric hospital representatives in the Levels of Inpatient Treatment Matrix that was developed by NVMHI staff and the MH Work Group. **Action:** It was agreed that this tool will be distributed to the private psychiatric hospital representatives for their review and input, and some may choose to use it to develop a snapshot of their current populations.

There was some discussion of funding mechanisms including the Discharge Assistance and Diversion (DAD) contract and Medicaid. There was a suggestion that the administrative overhead to participate in the State's bed purchase program through the

DAD project may be burdensome for some of the private psychiatric hospitals and Jim Thur offered to look into this issue. There was discussion about Medicaid and changes that are needed in the funding levels and services covered.

Finally, the meeting ended with a lengthy discussion of the importance of the public sector and the private psychiatric hospitals working collaboratively, sharing their visions and future plans, and learning to speak a common language. This collaboration will be crucial in planning for services for this population.

It was decided that next steps in the process of this collaboration would include distribution of minutes of previous and subsequent meetings of the Steering Committee and work groups to the private psychiatric hospital representatives, participation as desired by the private psychiatric hospital representatives in the ongoing MH Work Group, and periodic follow-up meetings of this group as needed to address such issues as standardization of data collection and review and input into the ongoing planning process. There was also a brief discussion of the consideration of expanding the scope of the planning exercise beyond adults with mental illness.

Next Meeting:

April 23, 2003, 10:30 – 12:00, Fairfax County Government Center, Conference Room 8

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